

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 20 PM 12:25

DOCUMENT # P99000076928

1. Corporation Name

M. VIDEO READERS CLUB OF AMERICA, INC.

Principal Place of Business

Mailing Address

18329 US 19 SUITE
 HUDSON FL 34667

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 HUDSON FL 34667



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3602-470

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|---|
| D | VARON, DAVID | 8750 KEATS DR. | HUDSON FL 34667 |
| D | Candill, Victor L | 7608 Cypress Knee Dr | Hudson FL 34667 |
| | | | 900003447749--8 -11/01/00--01109--021 ***758.75 ***758.75 |
| | | | Dr 10/30 |

8. Name and Address of Current Registered Agent

VARON, DAVID
 8750 KEATS DR.
 HUDSON FL 34667

9. Name and Address of New Registered Agent

Name: Victor L Candill
 Street Address (P.O. Box Number is Not Acceptable): 7608 Cypress Knee Dr
 Suite, Apt. #, Etc.:
 City: Hudson State: FL Zip Code: 34667

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Victor L Candill
 REGISTERED AGENT MUST SIGN

Date

10-17-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Victor L Candill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-00

Daytime Phone #

727-861
 1566

CR2E040 (8/00)